

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09801974	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1						51			
2		1					52			
3		1					53			
4	1						54			
5		1					55			
6		1					56			
7	1						57			
8		1					58			
9		1					59			
10	1						60			
11		1					61			
12		1					62			
13	1						63			
14		1					64			
15		1					65			
16		1					66			
17	1						67			
18		1					68			
19	1						69			
20		1					70			
21							71			
22							72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	9		↓		↓		TOTAL IND.		↓	
TOTAL DEP.	11		↓		↓		TOTAL DEP.		↓	
TOTAL CLAIMS	20						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY